UNINTERRUPTED ANÆSTHESIA IN OPERATIONS ON FACE AND MOUTH

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Reprint from
SURGERY, GYNECOLOGY AND OBSTETRICS
August, 1911, pages 169-170

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I HAVE seldom met conditions that have worried me more than to have to operate on the mouth, nose, or face with a patient imperfectly anæsthetized. Therefore, some years ago, I devised a small apparatus for the purpose of keeping up the anæsthesia uninterruptedly by introducing a rubber tube into the throat through the nose or mouth. I called it the "anæsthetizer," and Tieman, of New York, made it for me. From that time on I never had any trouble on account of anæsthesia when operating on the nose, mouth, face, or even the neck.

The apparatus consists of a glass cylindric receptacle with a frame supporting a ring A for the thumb and a rubber bulb B so that it can be worked with one hand. From the bulb originates a rubber tube C wrapped with coiled wire to prevent it from bending. It ends in the inlet tube D. Just at the point of junction or E is a ball valve which prevents the liquid anæsthetic from entering the bulb when the pressure upon the latter is released. The inlet tube extends through the liquid anæsthetic to the very bottom; its lower end is beveled to prevent the orifice being stopped by coming in contact with the bottom of the receptacle.

[1] Read before the American Surgical Association, Denver, June, 1911.

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There is a circular line on the receptacle showing *how much, and no more,* liquid anæsthetic should be poured in without running the risk of injecting liquid anæsthetic through the outlet tube. The quantity will suffice to keep a patient anæsthetized for nearly two hours with chloroform alone, and about one hour with ether alone.

The receptacle is closed by a metallic lid that screws around its neck; a washer makes it air tight.

From this lid springs the metallic portion of the outlet tube F. It originates directly from the under surface of the lid. After a very sharp curve of 90° it terminates by an orifice to which is attached a rubber tube, long enough to enable the anæsthetist to hold himself well out of the way of the operator. This tube is provided with a clasp seven inches from the extremity that clasps the nostril and holds the tube in proper position. The lid is provided with a funnel through which the anæsthetic is poured into the receptacle. To the edge of the funnel is adapted a clasp with a long arm that answers for a hook by which the apparatus can be suspended through a button hole; the clasp is to catch on to the cloth of the gown when there is no button-hole for the hook. Thus the anæsthetist may have both hands free, resting or helping for a while.

Patient should be first thoroughly anæsthetized by any of the ordinary methods; the face-piece is then removed and the tube of the anæsthetizer is introduced as low down as the *lower pharynx.* By compressing the

Fig I.

SOUCHON'S IMPROVED ANESTHETIZER

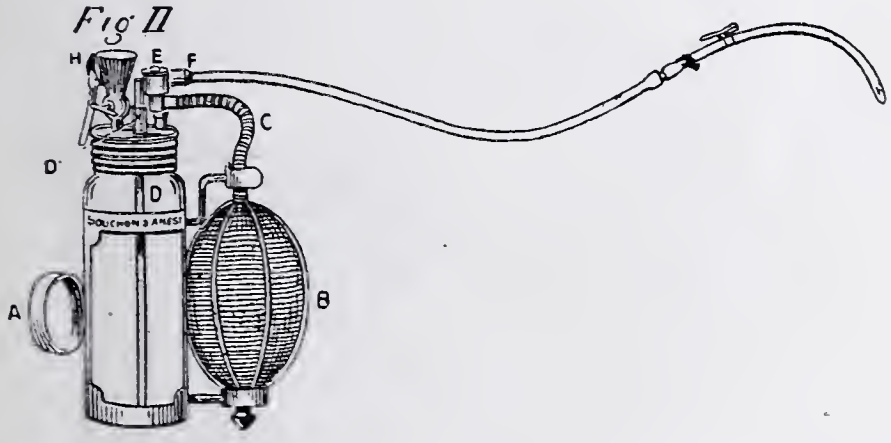

Fig II

bulb the apparatus is set to work. The bulb should be compressed gradually, not jerkingly. By compressing the bulb more or less quickly, and thoroughly, the amount of anæsthetic is graduated.

It takes very little anæsthetic to maintain anæsthesia after a patient has been thoroughly anæsthetized.

The apparatus works very well also when the head is lowered, or in the Rose position.

The lower end of the bulb is so arranged as to allow it to be connected with a piece of tubing leading to a bag of oxygen, if desired.

I believe that this apparatus is the only one with which there is no risk of injecting liquid anæsthetic into the pharynx, regardless of the force applied to the bulb. Its safety, simplicity, compactness, portability, efficiency, and easy management speak for themselves.

Many details concerning it can be found in the Medical News, of Philadelphia, November 23, 1895.